



Atty. Dkt. No. 068754-0292

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Rolf HONEGGER et al.
Title: METHOD AND DEVICE FOR LOADING A GLASS
PROCESSING INSTALLATION
Appl. No.: 10/730,015
Filing Date: 12/09/2003
Examiner: Mark Halpern
Art Unit: 1731
Confirmation No.: 2778

TRANSMITTAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Pre-Appeal Brief Request For Review (5 pages).

[X] Notice of Appeal (2 pages).

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	33	-	33	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$360.00	=	\$0.00

CLAIMS FEE TOTAL = \$0.00

☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

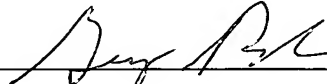
<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$450.00	\$0.00
<input type="checkbox"/> Extension for response filed within the third month:	\$1,020.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,590.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,160.00	\$0.00
EXTENSION FEE TOTAL:		\$0.00
<input checked="" type="checkbox"/> Notice of Appeal::	\$500.00	\$500.00
CLAIMS, EXTENSION AND NOTICE OF APPEAL FEE TOTAL:		\$500.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$500.00

A credit card payment form in the amount of \$500.00 is enclosed. The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 8/14/06

By 

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Customer Number: 22428
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George C. Beck
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